



**COMMONWEALTH OF MASSACHUSETTS**  
**Board of Appeal on Motor Vehicle Liability & Bonds**  
1000 Washington Street, Suite 810 • Boston, MA 02118-6200  
(617) 521-7794 • FAX (617) 521-7340  
<https://www.mass.gov/the-board-of-appeal>

**APPEAL OF A RULING/DECISION OF THE REGISTRAR OF  
MOTOR VEHICLES**

Please **print legibly** or type:

<b>Name:</b> (First) (Last)		<b>Date of Birth:</b> (Month/day/year)
<b>Address:</b> (Street) (Apt/Unit #) (City) (State) (Zip/Postal Code)		
<b>License/Permit/ID#:</b> (State)	<b>Social Security #:</b>	
<b>Telephone number:</b>	<b>Email address:</b>	

Have you ever had a hearing before the Board of Appeal? Yes:\_\_\_\_ No:\_\_\_\_

Date of Hearing:\_\_\_\_\_

Do you have any offenses pending in court? Yes:\_\_\_\_ No:\_\_\_\_

If yes, do not apply until your court case is resolved.

Date of suspension: \_\_\_\_\_

**Check Type of Suspension:**

- |   |  |
|---|--|
| <input type="checkbox"/> 30 days for 3 speeding tickets                 | <input type="checkbox"/> CDL loss                      |
| <input type="checkbox"/> 60 days for 7 surchargeable events             | <input type="checkbox"/> Student transport/ 7D license |
| <input type="checkbox"/> 60 days driving to endanger/recklessly         | <input type="checkbox"/> Complaint fraudulent license  |
| <input type="checkbox"/> JOL Speeding/pass restriction violation        | <input type="checkbox"/> Handicap plate/placard denial |
| <input type="checkbox"/> Operating after suspension                     | <input type="checkbox"/> Vehicular homicide            |
| <input type="checkbox"/> No Insurance                                   | <input type="checkbox"/> Driving school                |
| <input type="checkbox"/> (OUI) Operating under the Influence            | Name:_____   |
| <input type="checkbox"/> Interlock device                               | <input type="checkbox"/> Dealer/repair/farm plate      |
| <input type="checkbox"/> (IVO) Interlock violation                      | Plate #:_____  |
| <input type="checkbox"/> 4 year loss of Habitual Traffic Offender (HTO) | <input type="checkbox"/> Inspection station            |
| <input type="checkbox"/> Drug charge                                    | Station name and #:_____                               |
| <input type="checkbox"/> Leaving the scene – property damage            | _____  |
| <input type="checkbox"/> Leaving the scene - personal injury            | _____  |
| <input type="checkbox"/> Immediate threat                               |  |
| <input type="checkbox"/> Medical problem                                | <input type="checkbox"/> Other: _____                  |

**Please attach a copy of your suspension/revocation letter from the RMV**

Please attach a **\$50 check or money order** made payable to the Commonwealth of Massachusetts/Division of

Insurance. Cash and credit cards are not accepted. This is a **non-refundable filing fee**.

Please mail the completed form to: **License Suspension Appeal  
Division of Insurance  
1000 Washington St., Suite 810  
Boston, MA 02118**

The entire form **MUST** be completed and submitted before a hearing will be scheduled.

Your hearing will be scheduled in the order in which it is received and according to the length of the suspension. There are **no exceptions** in order to be fair to all those filing appeals.

Approximate time frame for a hearing to be scheduled once your appeal has been received:

<b>Suspension period:</b>	<b>Waiting time to be scheduled:</b>
<b>30 day suspension</b>	Approximately 2 weeks
<b>60 day suspension</b>	Approximately 3-4 weeks
<b>4-8 year suspension</b>	Approximately 12-14 weeks
<b>Vehicular homicide</b>	Approximately 6 months
<b>Others</b>	Approximately 6-10 weeks

The Board of Appeal conducts hearings at:

- **Boston:** Division of Insurance, 1000 Washington Street, Boston, MA 02118
- **Marlboro:** Marlboro District Court, 45 Williams Street Marlboro MA 01752
- **Plymouth:** Plymouth Trial Court, 52 Obery St. Plymouth MA 02360
- **Springfield:** Springfield City Hall, 36 Court Street Springfield MA 01103

You will be notified by mail of the date, time, and location of your hearing. If you have an attorney, it is your responsibility to notify him/her.

**Please note:**

You must have a hearing with the RMV before filing an appeal with the Board of Appeal.

All Breathalyzer/Chemical Test Refusal (CTR) revocations must be appealed through the court system (District Court) or addressed directly to the RMV. The Board does not have jurisdiction to hear CTR appeals.

If your licensing privileges were revoked by the court, not the RMV, you must appeal to the courts.

License suspensions arising out of the Department of Revenue support proceedings should be appealed to the court where the child support order was issued and registered.

If you have had a prior hearing before the Board of Appeal and a hardship license was denied, you cannot reapply for another hearing unless you are appealing a new suspension.

**I reviewed the application form, and hereby appeal the ruling/decision of the Registrar of Motor Vehicles in accordance with Massachusetts General Laws. Ch. 90 sec. 28., and understand that this appeal does not prevent the suspension/revocation from taking place.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_